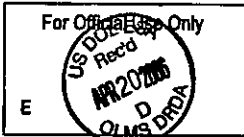


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 13619	2 Fiscal Year Covered From 11 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name David Carlson P O Box Bldg Room No If any Street 65 Larson Road City Bsko State Minnesota ZIP Code + 4 55733	4 Name file number and address of labor organization Name Plumbers & Pipefitters Local 11 Labor Organization File Number 029-887 P O Box Building and Room Number If any Street 4402 Airpark Boulevard City Duluth State Minnesota ZIP Code + 4 55511-5712
5 Position in labor organization Local 11 Vice President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transaction (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name If any P O Box Bldg Room No If any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed *David B Carlson*

On **3-28-06**
Date

(218) 879-1737
Telephone Number

Name of Person Filing David Carlson

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Joint Apprenticeship Cmte of Local 11 & 589

Trade Name if any

P O Box Bldg Room No if any

Street 4402 Airpark Boulevard

City Duluth

State Minnesota ZIP Code + 4 55811-5712

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

The Labor Organization listed in #4 above jointly sponsors the Trust Fund listed in #8 above

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

I received wages from the Apprenticeship Trust Fund set forth in #8 above for teaching apprenticeship training courses

12 b Amount.

\$2 766

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.